

APR. 24. 2007 1:46PM

866 741 0075

NO. 0277 P. 2

Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4181). FEE TRANSMITTAL FOR FY 2005		Complete If Known		RECEIVED CENTRAL FAX CENTER APR 24 2007
		Application Number	10/736,329	
		Filing Date	December 16, 2003	
		First Named Inventor	Harue NAKASHIMA et al.	
		Examiner Name	Jimmy Lin	
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Art Unit	1762	
TOTAL AMOUNT OF PAYMENT (\$)		910.00	Attorney Docket No.	740756-2685

METHOD OF PAYMENT (check all that apply)

- ☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): _____
☒ Deposit Account Deposit Account Number: 19-2380 Deposit Account Name: _____
 For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)
☐ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee
☒ Charge any additional fee(s) or underpayments of fee(s) ☐ Credit any overpayments
 under 37 CFR 1.16 and 1.17

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-20238.

FEE CALCULATION

1. BASIC FILING, SEARCH AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	<u>Small Entity</u> Fee (\$)	Fee (\$)	<u>Small Entity</u> Fee (\$)	Fee (\$)	<u>Small Entity</u> Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

2. EXCESS CLAIM FEES

Fee Description	Fee (\$)	<u>Small Entity</u> Fee (\$)
Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent	50	25
Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent	200	100
Multiple document claims	360	180
<u>Total Claims</u>		
<u>Extra Claims</u>		
<u>Fee (\$)</u>		
<u>Fee Paid (\$)</u>		
<u>Multiple Dependent Claims</u>		
<u>Fee (\$)</u>		
<u>Fee Paid (\$)</u>		
HP = highest number of total claims paid for, if greater than 20		
<u>Indep. Claims</u>		
<u>Extra Claims</u>		
<u>Fee (\$)</u>		
<u>Fee Paid (\$)</u>		
HP = highest number of independent claims paid for, if greater than 3		

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
_____ - 100 = _____	_____ / 50 = _____	_____ (round up to a whole number)	X _____	_____

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other: RCE (\$790.00) and one-month EOT (\$120.00) fees

\$ 910.00

SUBMITTED BY		
Signature	Registration No. 35,483 (Attorney/Agent)	Telephone 202 585 8000
Name (Print/Type) Jeffrey L. Costellia	Date	April 24, 2007

SEND TO: Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450